P15000014308

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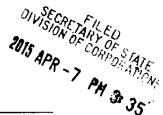
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TZINTZUN 8	SON SERVICES	S CORP.					
DOCUMENT NUMBER: P150000143	308						
The enclosed Articles of Amendment and fee are sub	omitted for filing.						
Please return all correspondence concerning this matt	ter to the following:						
PEDRO TZINTZUN							
TZINTZUN & S	Name of Contact Person TZINTZUN & SON SERVICES CORP.						
705 NM/OTH A	Firm/ Company						
725 NW 8TH A	· · · · · · · · · · · · · · · · ·						
FLORIDA CITY	', FLORIDA 3	3034					
	City/ State and Zip Code						
E-mail address: (to be use	ed for future annual report	notification)					
For further information concerning this matter, please	e call:						
PEDRO TZINTZUN	at (305	417-3193					
Name of Contact Person		de & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:							
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

Articles of Amendment to Articles of Incorporation of



TZINTZUN & SON SERVICES CORP.

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)		·
N/A				
(Documen	t Number of Corporation (if k	nown)		•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corporati	ated" or the ai ion name must o	bbreviation
B. Enter new principal office address, (Principal office address MUST BE A ST		N/A		-
				-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C				-
				-
D. If amending the registered agent an	d/or registered office addres	ss in Florida, enter the name	e of the	-
new registered agent and/or the new				
Name of New Registered Agent	N/A			
	(Florida stree	t address)		
New Registered Office Address:	N/A	, Florida	(Zip Code)	=
	(City)		(Zip Code)	
New Registered Agent's Signature, if classes I hereby accept the appointment as regist		th and accept the obligations	of the position.	
Si	gnature of New Registered Ag	ent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>oe</u>		
X Remove	Y	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change	SEC		JESSICA VAZQUEZ	~~~	725 NW 8TH AVE
Add					FLORIDA CITY, FL. 33034
Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
	· · · · · · · · · · · · · · · · · · ·				
Add					
Remove					

L. If amending or adding additi (Attach additional sheets, if ned	onal Articles, enter cl	nange(s) here:		
V/A	casaryy. (20 specyre	•		
			·	
			<u></u>	
		**		
If an amendment provides fo	r an exchange, reclas	sification, or canc	ellation of issued sh	ares,
provisions for implementing (if not applicable, indicate)	the amendment if no e N/A)	ot contained in the	amendment itself:	
N/A				
	· · · · · · · · · · · · · · · · · · ·			
				
				 -
			<u></u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04/01/2015	
Signature x Fede Author	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
PEDRO TZINTZUN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	